

***Washington State***

***Department of Social and Health Services***

***Health & Recovery Services Administration***



***Medical & Pharmacy  
Encounter Data  
Transaction Guide  
Version 4.0***

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*This guide is subject to change in response to changes in state or federal rules and policies. MCOs will be informed of all changes as necessary.*

## USE THIS GUIDE UNTIL YOU HEAR FROM HRSA THAT PROVIDERONE IS IMPLEMENTED

FUTURE  **ProviderOne**

COMING TO YOU SOON:

HRSA will soon be sending an interim Encounter Transaction Guide that includes mapping documents and information related to ProviderOne.

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## DEFINITIONS

**BILLING PROVIDER:** For Encounter Data reporting, the Billing Provider identified in Loop 2010AA, REF02 segment is the MCO's 7-digit Medicaid ID number assigned by DSHS. This is the primary identifier to distinguish HO, BH+, GAU, WMIP Lines of business (i.e. 7500416, 7500952, 7502453 etc.). *This definition will change with ProviderOne implementation.*

**CORRECTED ENCOUNTERS:** Corrected Encounter files include encounters that were previously rejected through the DSHS/HRSA edit process

**ENCOUNTER:** DSHS defines an encounter as a single medical service or a period of examination or treatment provided to a managed care enrollee. DSHS requires MCOs to report all health care services delivered to managed care enrollees as encounter data transactions.

**ENCOUNTER DATA TRANSACTION (EDT):** MCO creates electronic EDT files from the MCO's claims payment system in the 837 format for medical services and the NCPDP 1.1 Batch format for pharmaceutical services. The EDT is then transmitted to DSHS for processing.

**ENCOUNTER RESULTS TRANSACTION (ERT):** The Medicaid Management Information System (MMIS) creates this electronic file from translating, processing and formatting the EDT to resemble the MMIS adjudicated claim. MMIS returns the electronic ERT file to the MCO with informational flags for the MCOs to identify accepted/rejected encounters.

**“GAP” FILLING:** Default coding to pass EDI edits. If the MCO cannot obtain and/or does not maintain required information, DSHS allows filling these required fields with values consistent to pass EDI syntax. If the field requires specific information from a list in the IG use the most appropriate value for the situation. See Attachment A – Encounter Data Transaction Crosswalks for DSHS required fields.

**IMPLEMENTATION GUIDE (IG):** Instructions for developing the 837 Health Care Claim/Encounter transaction sets. The Implementation Guides are available from the Washington Publishing Company at [www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

**NATIONAL PROVIDER IDENTIFIER (NPI):** The unique standardized provider identifier. Issued to each physician, supplier, and other health care provider conducting HIPA standard electronic transactions.

**ORIGINAL ENCOUNTERS:** Original Encounter files are encounters that have not previously been processed through DSHS/HRSA encounter edits.

**PAY-TO-PROVIDER:** For Encounter Data reporting, the Pay-to-Provider in Loop 2010AB, REF02 Segment is the DSHS assigned 7-digit Medicaid ID number of the healthcare provider that was paid by the MCO. This could be a medical group, clinic, hospital, other institution, or the individual provider who rendered the service. *This definition will change with ProviderOne implementation.*

**PROVIDERONE:** ProviderOne will be the Department of Social and Health Services (DSHS) primary provider payment processing system.

**REFERRING PROVIDER:** Identifies the individual provider who referred the client or prescribed Ancillary services/items such as Lab, Radiology and Durable Medical Equipment (DME). Report this provider in Loop 2310A, REF02 Segment using the 7-digit Medicaid ID number assigned by DSHS to the referring provider.

**RENDERING PROVIDER:** Identifies the individual provider who provided the health care service to the client/member. The Rendering Provider was previously known as the Performing Provider. Rendering Providers must be identified in 837P, Loop 2310B, REF02 Segment by the 7-digit Medicaid ID number assigned by DSHS to the individual provider.

**SECURE FILE TRANSFER (SFT) SERVER:** Previously known as Valicert SFT – This is the official Washington State SFT Server that allows transfer of confidential documents between HRSA and its customers; <https://sft.wa.gov> .

## INTRODUCTION

Washington State Department of Social & Health Services (DSHS) publishes this Encounter Data Transaction Guide to assist the contracted Managed Care Organizations (MCOs) in the reporting process. This guide is a reference for Washington State contracted MCOs. It outlines how to transmit encounter data to DSHS/HRSA for enrolled Medicaid Managed Care Clients.

## THIS IS NOT A STAND ALONE GUIDE

### Standard Formats

Use this guide in conjunction with:

- 837 HEALTHCARE CLAIM PROFESSIONAL AND INSTITUTIONAL IMPLEMENTATION GUIDES (IG) version 4010A. To purchase the IGs contact the Washington Publishing Company at <http://www.wpc-edi.com> or call 1-800-972-4334;
- NCPDP TELECOMMUNICATION STANDARD 5.1 WITH NCPDP BATCH TRANSACTION STANDARD 1.1. Obtain the Standard from the National Council for Prescription Drug Programs at <http://www.ncdp.org/>, call (480) 477-1000, or Fax your request to (480) 767-1042;
- DSHS/HRSA Provider Publications, such as Billing Instructions and Numbered Memos may be downloaded at <http://maa.dshs.wa.gov/download/> ;
- DSHS/HRSA Provider List posted weekly to the Secure File Transfer (SFT) website. This site is available to DSHS/HRSA authorized MCO staff. *See Attachment A.1.*

### Code Sets

DSHS/HRSA follows National Standards and Code Sets found in:




- Current Procedural Terminology (CPT)
- Standard Edition International Classification of Diseases (ICD.9.CM)
- Health Care Comprehensive Procedure Coding System (HCPCS)
- Current Dental Terminology (CDT)
- National Drug Code (NDC)
- National Uniform Billing Committee (NUBC) codes

Additional DSHS/HRSA specific documents for encounter data reporting are included as attachments to this guide. (*See Attachment pages A-D.*)

## PURPOSE

Encounter data reporting is required by DSHS/HRSA Managed Care Contract and correct reporting is the responsibility of each MCO. Data reporting must include all health care services delivered to enrolled managed care clients. Complete, accurate and timely data reporting is critical to the success of the DSHS/HRSA Medicaid Managed Care Programs. Effective with dates of service **January 1, 2008** DSHS/HRSA will require the amount paid by MCOs for each encounter reported.

DSHS/HRSA uses encounter data to:

-  Develop and establish capitation rates.
-  Evaluate health care quality.
-  Evaluate contractor performance.

## REPORTING

Professional, Institutional and Pharmacy encounter claims processed by the MCOs must be electronically reported to DSHS/HRSA as Encounter Data Transactions (EDT) in batch format.

**837P** – Includes any professional medical services billed to the MCO on the standard “1500 Health Insurance Claim” form. These services may include:

- Physician visits,
- Physician based surgical services,
- Anesthesia services,
- Laboratory and radiology interpretation,
- Therapy,
- Durable medical equipment (DME) and medical supplies,
- Transportation services, and
- Ambulatory surgery centers.



**837I** – Includes any institutional services and facility charges billed to the MCO on the standard “UB-04 Claim” form. These services may include:

- Inpatient hospital stays,
- Outpatient hospital services,
- Kidney Centers,
- Home Health and Hospice services,
- Skilled Nursing Facility stays.

**NCPDP Batch 1.1 Format** – Includes all retail pharmacy services for prescription medicines and covered over-the-counter medicines.

The information on each reported encounter record must include all data transmitted for payment by the provider or sub-contractor. MCOs should not alter claim data when reporting to DSHS/HRSA; e.g. data must not be stripped, or split from the provider’s original claim. Coding corrections must be done with the provider’s participation.

To transmit EDT all MCOs must have a valid ‘Submitter ID’ from ACS EDI-Gateway, Inc. To obtain a valid Transmitter ID and find additional enrollment information check the ACS EDI-Gateway website at <http://www.acs-gcro.com/docs/edi-clients.html> or call ACS EDI Gateway technical support at 1-800-833-2051.

## REPORTING FREQUENCY



### 837P & 837I Transmission Schedule

Transmit 837P & 837I EDT files between the hours of, 6:00 AM – 6:00 PM PST Monday thru Friday. Transmissions cannot exceed 100,000 claims per four hour period beginning at 6 AM.

For example: 20 files containing 5,000 claims each can be transmitted from 6:00 AM to 10:00 AM. The next 20 files may be transmitted from 10:00 AM to 2:00 PM and (as needed) again from 2:00 PM to 6:00 PM until complete on the scheduled dates listed in the Production Schedule 2007-2008.

Please follow the production schedule in this document for your specific encounter data upload dates.

## WA PRODUCTION SCHEDULE FOR 2007-2008

MCO	2007-Q2	EDI GATEWAY ERROR RETRANSMITS	2007-Q3	EDI GATEWAY ERROR RETRANSMITS
<b>ASURIS</b>	September 10 - 11	September 24	December 4 - 5	December 17
<b>REGENCE</b>	September 10 - 11	September 24	December 4 - 5	December 17
<b>MOLINA</b>	September 12 - 13	September 25	December 6 - 7	December 18
<b>CHP OF WA</b>	September 17 - 18	September 26	December 10 - 11	December 19
<b>CUP</b>	September 19 - 20	September 27 - 28	December 12 - 13	December 20 - 21
<b>EVERCARE</b>	September 19 - 20	September 27 - 28	December 12 - 13	December 20 - 21
<b>GROUP HEALTH</b>	September 19 - 20	September 27 - 28	December 12 - 13	December 20 - 21
<b>KAISER</b>	September 19 - 20	September 27 - 28	December 12 - 13	December 20 - 21
<i>Contract Due Date October 1, 2007</i>			<i>Contract Due Date January 1, 2008</i>	
MCO	2007-Q4	EDI GATEWAY ERROR RETRANSMITS	2008-Q1	EDI GATEWAY ERROR RETRANSMITS
<b>ASURIS</b>	March 10 - 11	March 24	<p>Be prepared for ProviderOne Go-Live.</p> <p>DO NOT transmit Medical or Pharmacy Encounters until HRSA gives you specific instructions for transmitting to ProviderOne.</p> <p>You will receive an interim ProviderOne Encounter Transaction Guide soon.</p> <p>HRSA WILL NOTIFY YOU WHEN IT IS TIME TO REPORT Q1 2008</p>	
<b>REGENCE</b>	March 10 - 11	March 24		
<b>MOLINA</b>	March 12 - 13	March 25		
<b>CHP OF WA</b>	March 17 - 18	March 26		
<b>CUP</b>	March 19 - 20	March 27 - 28		
<b>EVERCARE</b>	March 19 - 20	March 27 - 28		
<b>GROUP HEALTH</b>	March 19 - 20	March 27 - 28		
<b>KAISER</b>	March 19 - 20	March 27 - 28		
<i>Contract Due Date APRIL 1, 2008</i>			<i>Normal Contract Due Date JULY 1, 2008</i>	

### Pharmacy Encounter Reporting:

Report Pharmacy encounter transactions quarterly according to the WA Production Schedule for 2007-2008. Arrangements may be made on a case-by-case basis to report pharmacy encounters more frequently. Contact the Encounter Data Coordinator.

### Files rejected at the EDI Gateway:

Follow the reporting schedule. The schedule allows DSHS to stagger and process the receipt of the numerous encounter data file submissions with its vendors.

### Encounter Record Corrections:

Correct and retransmit with the next scheduled submission the rejected medical and pharmacy encounter records flagged on the each ERT. *See additional information under the processing sections in this document.*



#### **NOTE**

#### ***Remember To Report:***

- *Services that are completed. The provider's claim or encounter must be finalized by the MCO before reporting the encounter to DSHS/HRSA.*
- *Replacement encounters when making a post payment revision/adjustment to a provider's claim after it was reported to DSHS/HRSA; Always report the DSHS/HRSA "Original ICN" in the correct 837 field. (Please see Attachment D Mapping Documents)*
- *MMIP and WMIP Encounters: Medicare and other COB payments must be accounted for when reporting the encounter. If Medicare or COB payment amounts were made enter the amounts in the appropriate fields. Always report these amounts unless an enrollee has exhausted all Medicare benefits or the provided service is not covered.*

## PROVIDER IDENTIFIERS

### Identifiers for Medical Encounter Data – (837I and 837P Transactions):

The “Pay-To-Provider” Loop 2010AB, Segment NM108 and NM109 require either a Standard Tax-ID or Social Security Number (Qualifier 24 or 34). Use this same Loop/Segment for the NPI and use Qualifier “XX”. Similarly the “Referring” and the “Rendering/Attending” Provider Loop 2310A and Loop 2310B, Segment NM108 and NM109 require the identical information.

If you report NPI in the NM108/NM109 segments, you must CONTINUE to report active and valid Secondary Identifiers. Use the 7-digit Medicaid Provider ID in the REF01/REF02 segments of the following Loops: 2010AB and 2310A and 2310B.

### Identifiers for Pharmacy Encounter Data – (NCPDP Batch 1.1 format transactions):

Continue to report active and valid 7-digit Medicaid Provider ID. *See Attachment D.*





#### **NOTE**

*Do not report NPIs for Pharmacy encounters until HRSA notifies you.*

### Finding Provider Identifiers

Each week, on Monday, DSHS/HRSA updates and uploads an electronic “Master Provider List” to the SFT Server. This list includes the 7-digit Medicaid ID for all participating Medicaid providers.

DSHS automatically notifies the authorized MCO SFT users of this posting by E-mail.

-  DSHS authorized SFT users may download this file. *See Attachment A.1.*
-  The table below lists the structure and layout used in the Master Provider List.



## FIELD LAYOUT FOR DSHS/HRSA PROVIDER LIST

FIELD NAME	TYPE	LENGTH
ProvNo	char	7
ProvName	char	31
SoprtName	char	31
ProvCounty	char	2
IRSNo	char	10
ProvType	char	2
LicenseNo	char	8
ProvSpec	char	2
Address1	char	26
Address2	char	26
City	char	18
State	char	2
Zip	char	9
EffectiveDate	char	8
TerminationDate	char	8
Status	char	1
FILLER	char	69
Designation	char	10
NABPNo	char	7
Phone	char	10
TaxCode	char	2
SSN	char	9
OutOfStCode	char	1



You may also find a Medicaid Provider ID on the Provider Number Reference (PNR) website: <http://pnrmaa.dshs.wa.gov> .

### Non-Participating Provider ID

MCOs may use the DSHS/HRSA assigned “Non-participating” Provider ID “8999070” as the 7-digit Medicaid Provider ID. This ID may be used ONLY when the Pay-To, Rendering or Attending provider:

-  Does not participate as a Washington Medicaid provider AND
-  DSHS/HRSA has not assigned an active Medicaid ID for the provider (is not found in the weekly Provider List.)

DSHS/HRSA will:

-  Monitor the usage of the Non-participating Medicaid Provider ID for over-utilization; and
-  Notify the MCO when the number is used more than 25% of the time during an encounter reporting quarter

## REPORTING DENIED SERVICE LINES

MCOs must report denied Service Line items. Denied Service Lines will not be edited during the encounter processing. HRSA added Comment Line segments to the 837P and 837I format in order to capture the number of each denied Service Line and to prevent the system from rejecting complete files. *See Attachment D.*

- Report '4' characters for each line item (**D###**).
- Use 'D' as the delimiter between line items.
- The header level Comment line holds up to '72' characters for both the 837P and 837I.
- FYI: The 837P Comment Lines hold an additional 144 characters, if necessary, for reporting Denials at Line 1 and Line 2 of each claim.

Line Items with missing service codes – you may use the following hard coding when a denied line item does not have a code:

 Procedure Codes: use '12345';

 Diagnosis Codes: use 'A1.23';

These codes will pass the EDI Gateway Level 1 and 2 syntax checks. The encounter will be dropped from the DSHS/HRSA editing process only when the Denied Service Line is noted in the NTE segment(s).

## 837P AND 837I DATA PROCESSING

MCOs reporting EDT must follow the Schedule for 2007-2008 located in the “Reporting Frequency” section. This schedule is necessary for accurate coordination of the encounter processing between HRSA and the systems vendor, ACS.

### EDI Gateway Process

EDI Gateway processes all encounter files and checks the syntax (format) to ensure that the file is readable and will process through the system correctly.

Use of an integrity testing program **prior** to uploading your encounter files will reduce the number of rejected EDT at the EDI Gateway. Specific information for EDIFECs (integrity program) is available in the ACS Companion Guide for 837 transactions.

ACS-EDI returns a 997 Functional Acknowledgement transaction for each encounter file uploaded to the EDI Gateway. It is important to:

Review each 997 transaction - *Always verify the number of accepted file uploads on the letter of certification to the number of accepted 997 Functional Acknowledgement transactions returned.*

Did not receive a 997? That means you may receive a TA1 Interchange Acknowledgement from ACS. A TA1 is used to notify MCOs of problems found in the interchange control structure. The TA1 verifies X23 envelopes only.

- Correct all errors noted in EDI Rejected and Partially Rejected EDT files;
- Retransmit only from the first correction forward to end of file. . Do not send duplicates of encounter records that were accepted.



### NOTE

*Upload according to the EDI Error Corrections schedule for 2007-2008 located in the “Reporting Frequency section.*

## File Size

The DSHS/HRSA web portal, WAMedWeb, is capable of handling large files up to 100 MB as long as each ST/SE segment within the file does not contain more than 5000 claims. You may choose to combine several ST/SE segments of 5000 claims each into one large file and upload the file on WAMedWeb as long the single file does not exceed 100 MB.

### EXAMPLE

If you have 25,000 claims to send, you can:

1. Separate the claims into 5 ST/SE segments and upload 5 separate files on WAMedWeb; OR
2. Place all 5 ST/SE segments into one file (must be less than 100MB) and upload only one file on WAMedWeb.

### Choose One Option Above:

DSHS recommends Option 1, based on the testing results. A 997 acknowledgement transaction is created for each file uploaded to the WAMedWeb. If you choose Option 2, and roll the ST/SE segments of 5000 claims into one file, you will get only one 997 and either:

- All or part of your 25,000 claims are perfect and accepted or partially rejected; OR
- The EDI Gateway rejects the entire 25,000 claims.

Finding the EDI errors in large files can be time consuming. Most MCOs find it much easier to separate the files and send 100+ files with 5000 claims each rather than to send 10 files with 50,000 claims.

## File Preparation

Separate files by 837P and 837I encounters;

Enter the appropriate identifiers in the header ISA and REF segments.  
(Refer to the mapping documents in Attachments A.1 and A.2.)



### EFFECTIVE JANUARY 1, 2008

HRSA will require MCOs to report the Amount Paid information on each encounter record. Use the HCP segments as indicated in the 837 Mapping Documents effective with dates of service January 1, 2008 forward. Refer to Attachments D.1 and D.2.



## File Naming

For DSHS tracking purposes, name each 837 file according to the example below:

- Use the MCO standard abbreviation (ANH/CHP/CUP/EVCR/GHC/KHP/MHC/RBS);
- Specify the Encounter Type (837I or 837P);
- The number of encounters in the file (####);
- Include the first Date file is transmitted to ACS EDI-Gateway (YYYYMMDD);
- For multiple files of the same type and/or size, add an alpha or numeric character if necessary.

**Example:** RBS\_837P\_5000\_20070731A

- If sending a file of corrections of a previous accepted record please add 'R#' at the end of the file name. *See Upload File Response example below.*

## Transmitting Files

Transmit 837 Production files to ACS-EDI Gateway. Use the WAMedWeb Production website: <https://wamedweb.acs-inc.com/wa/general/home.do> . ACS WAMedWeb EDI-Gateway acknowledges receipt of each transmission with a "Upload File Response".

Concurrently and as part of the Certification, combine the copied text from your 837 Upload File Responses into a single document - Highlight the text in each UPLOAD FILE RESPONSE, copy and paste into a Word Document or directly into your email – DO NOT send .jpg files or copies of the complete web page.

### EXAMPLE: Copy of Upload File Response:

The following file has been successfully Uploaded:	
File Name	RBS_837P_7367_20070331R1
File Size	8067586 (bytes)
Transmitter ID	80xxxxx
Date/Time	07/31/2007

Send to DSHS/HRSA: E-mail certification and a hardcopy certification letter according to the instructions noted in the '*Encounter Data Certification section*'.

## 997 Functional Acknowledgement

Retrieve the 997 from the WAMedWeb site. ACS EDI-Gateway posts an electronic 997 (Functional Acknowledgement) transaction to WAMedWeb. *Please see the 837 IGs for additional information about the response coding.*



**NOTE**

*The 997 acknowledges whether your encounter files are accepted, rejected or partially rejected at the EDI Gateway.*

*Follow the timing in the transmission schedule. If files are sent too close together you may receive a positive 997, but a file will not be created and processed through to DSHS/HRSA. HRSA will notify you if this situation happens.*

- A 997 is generated when each 837 file passes the header and trailer check and the EDI formatting edits.
- If you do not receive a 997 for each 837 file transmitted please check the headers and trailers to ensure correct coding.
- Review each 997 transaction;
- Correct all errors noted in Rejected and Partially Rejected files;
- Retransmit corrected files according to the schedule table for 2007-2008. (*See the "Submission Frequency" section.*)
- When retransmitting corrected partially rejected files send only that part of the file from the first error forward. Do not retransmit the part that was accepted.

Compare the 997 Information:

EDI assigns a new name to each file; that name that is shown on the title of the file names for each 997. For effective claim count balancing, DSHS/HRSA asks each MCO to note the 997 EDI File Names that belong with each Original File Name. Use of both file names will enable you to identify files/claims that were not processed when comparing the ERT to each file you transmitted.



**NOTE**

*Remember to review the 997 information with your data files. Correct and retransmit files rejected by the EDI Gateway, following the established transmit procedures and scheduled timeline listed above.*

## Original Medical Encounters

Original Encounter files are 837 encounters that have not previously been processed through DSHS/HRSA encounter edits. The file will include encounters reported for the first time or retransmitted after being rejected through the EDI Gateway syntax process.

## Corrected Medical Encounters

Corrected Encounter files include 837 encounters that were previously rejected through the DSHS/HRSA edit/audit process. The rejection reason(s) for each ICN is listed on the ERT and EESR reports returned to the MCO by HRSA.

Each corrected encounter must allocate '7' (Replace Previously Accepted Encounter Record) in Loop/Segment 2300/CLM05-3; allocate the 'F8' Qualifier in Loop/Segment 2300/REF01; and list the **Original ICN** in Loop/Segment 2300/REF02.

*See Attachment D.*



### NOTE

*In order to avoid under-reporting MCOs should ensure that encounters are reported according to HRSA requirements. Only finalized encounters are used for evaluation of MCO performance, rate development, risk adjustment and quality of care. Under-reporting encounter data by MCOs may have a negative effect on rate-setting.*

## RETAIL PHARMACY DATA PROCESSING



DSHS/HRSA requires the standard NCPDP Batch 1.1 format for transmitting all Retail Pharmacy encounter claims.

To transmit your NCPDP Batch 1.1 encounter data files:

Create encounter pharmacy files in the NCPDP Batch 1.1 format: *(Refer to Attachment B in this guide for the NCPDP 1.1 Batch Format Mapping Document.)*





-  Set Header Field 702 for P = PRODUCTION; and
-  Detail Data Record Field 104-A4 to DRWAPROD = PRODUCTION CLAIMS

ZIP or compress each file before transmitting.

-  Place multiple batches into one zip archive so you are uploading only 1 file as long as the batches are identifiable (each has a different number).
-  Name each internal batch file (something meaningful to you).

Name each Zipped / Compressed batch file

All Pharmacy Encounter files uploaded to the PBMFTP site must be named CLAIMIN.zip (literal).

-  Include ALL of your Pharmacy Encounter batches inside this single CLAIMIN.zip archive file.
-  Only 1 .zip archive file, per day per MCO, can be processed. No exceptions.
-  If you have more than one .zip archive file, transfer it on a different day using the same correct file name CLAIMIN.zip.
-  The ACS PBM Encounter system is set to run once per day (2:00 AM Eastern Time).



### NOTE

File names such as **CLAIMIN.ZIP**, **claimin.zip**, **CLAIMIN.txt**, or **claimin.txt** will be rejected or go unprocessed.





Upload your Pharmacy encounter files to the ACS FTP Batch System at the following URL: <https://www.pbmftp.com/> into the PRODUCTION SUB-DIRECTORY. Please refer to your “Pharmacy Batch Encounter Claims for Managed Care Organizations” instruction guide for more specific information. Logon user IDs and passwords are case-sensitive.



**NOTE**

*997s ARE NOT GENERATED FOR PHARMACY ENCOUNTERS  
You will receive a ‘WARX Encounters Batch Audit’ Email from ACS.*

Concurrently, send E-mail certification to the HRSA Encounter Data Group and ACS. See Attachment A Certification Samples.

- Send the certification to:  
 [michael.pedersen@acs-inc.com](mailto:michael.pedersen@acs-inc.com) AND  
 [Encounterdata@dshs.wa.gov](mailto:Encounterdata@dshs.wa.gov)
- Always cc: the following people in your email:  
 [randy.stamp@acs-inc.com](mailto:randy.stamp@acs-inc.com) AND  
 [HEALTHYOPTIONS@dshs.wa.gov](mailto:HEALTHYOPTIONS@dshs.wa.gov)
- The total number of encounters for each line of business (e.g. HO, BHP+, MMIP) must be included in every E mail certification.
- Mail your signed hardcopy of file certification to DSHS/HRSA. Use the address noted in the Instructions for Certification.

After processing the pharmacy data the DSHS/HRSA Encounter Data group will:

- Upload a copy of your ERT and Encounter Summary Reports to the HRSA SFT site; and
- Send email notification that the ERT and EESR reports are ready to download.

## Original Pharmacy Encounters

The NCPDP 1.1 Batch file includes encounters reported for the first time or retransmitted after being rejected through the EDI POS syntax process (Original to DSHS/HRSA).

## Corrected Pharmacy Encounters

Corrected Encounter records include NCPDP Pharmacy encounters that were previously rejected through the DSHS/HRSA edit process. The rejection reason(s) for each ICN is listed on the ERT and EESR list returned to the MCO by HRSA. *See Attachment B*



**Use these instructions when correcting and retransmitting rejected Pharmacy encounter records flagged on the ERT:**



The NCPDP format allows you to report voids. It does not allow you to report Original ICNs for encounters that were rejected during HRSA edit processing (ERT).








1.	Transmit <u>both</u> a <u>voided</u> encounter AND a <u>new corrected</u> version of the encounter.
2.	Insert 'B2' = Reversal Indicator in Field 103-A3 as you currently do with regular voids/reversals; and
3.	You must insert either 'B1' = Billing, or 'B3' = Rebill in Field 103-A3 for the corrected record.
4.	The DSHS Pharmacy Encounter Process is programmed to scan history; if the encounter was previously received the program will insert the Original/Previous ICN into the correct MMIS field.

## CERTIFICATION OF ENCOUNTER DATA

To comply with 42 CFR 438.606 MCOs must certify data accuracy and completeness concurrently with each medical and pharmacy EDT file transmission. The Chief Executive Officer (CEO), Chief Financial Officer (CFO), or MCO authorized staff must certify encounter data. The data received as “Amount Paid” is considered proprietary information and protected from public disclosure under RCW 42.56.270 (11).

### E-mail Data Certification

#### Instructions for sending Certification of Encounter Data

1.	<p>Send the E-mail <u>concurrently</u> with the certified data each time EDT batch files are transmitted. <i>See “File Preparation” for additional information.</i> Send E-mail to:</p> <p> <a href="mailto:Encounterdata@dshs.wa.gov">Encounterdata@dshs.wa.gov</a> and always cc:</p> <p> <a href="mailto:HEALTHYOPTIONS@dshs.wa.gov">HEALTHYOPTIONS@dshs.wa.gov</a></p> <p>In the Subject line include: “WA HRSA ED”, MCO name, Quarter and Year (Q1-07) and if the notification is for pharmacy or medical. <b>EXAMPLE:</b> WA HRSA ED for CUP Q1-07 Rx, or WA HRSA ED for RBS Q1-07 Medical. For each medical file upload attach or embed copies of each Upload File Response.</p> <p>For pharmacy files include the total number of encounters for each line-of-business. (There is currently no Upload File Response for pharmacy.)</p>
2.	<p>Send the <u>signed original</u> letter of certification to:</p> <p>Office of Quality &amp; Care Management Division of Healthcare Services Health &amp; Recovery Services Administration P.O. Box 45530 Olympia, WA 98504-5530</p> <p><u>Include</u> the following information in <u>each</u> signed hardcopy Certification Letter (<i>See Attachment A.3</i>):</p> <ul style="list-style-type: none"> <li> Date the EDT batch files are transmitted to ACS EDI-Gateway;</li> <li> Name of each file transmitted; and</li> <li> Number of encounter claims in each EDT batch file.</li> <li> Certify the transmitted medical files as “Proprietary Data”.</li> </ul> <p> <b>NOTE</b></p> <p><i>File names and claim counts in this letter should always match the information sent in the Email Notification</i></p>

## VALIDATION PROCESS

### Encounter Edits

After an encounter file passes the EDI Gateway, each record is validated against historical data for duplicate encounter records. If a duplicate occurs the encounter record is dropped from additional processing and not sent forward through the edit process.

The DSHS/HRSA Encounter Data Program will:

- Process and translate the encounter transactions into MMIS claim format.
- Edit each encounter record against a series of system edits. If an encounter record fails one or more edits the encounter record is rejected and/or flagged.
- Create an ASCII formatted Electronic Results Transaction (ERT) with an Encounter Error Summary Report (EESR) for the MCO (*See Attachment B.2*);
  - ✚ The ERT identifies all encounters processed by DSHS/HRSA. The ERT may include both the MCOs Patient Account Number/Medical Record Number and the MMIS 17-digit Internal Control Number (ICN). Encounter ICNs begin with the number “9” for reference.
  - ✚ Rejected encounter records flagged in the ERT with ‘000Y’ for Claim level or ‘00#Y’ for Service Line should be corrected and retransmitted for “replacement” processing by the MCO in the next scheduled transmission.
  - ✚ Some Information Flags are set to provide the MCO “information only” regarding the encounter/claim transactions. DSHS/HRSA recommends review of these ‘Info Flags’ in case further provider education is required.
  - ✚ For a list of MMIS Encounter Data Program Edit flags Field Names and Descriptions - *See Attachment C*.

DSHS/HRSA will review encounter data on a quarterly basis. MCOs will be notified of review findings and if necessary asked to clarify anomalies. Emphasis for this review and validation process includes, but is not limited to:

- Timeliness of the data submissions from the MCO.
- Use of “8999070” non-participating Medicaid ID more than 25% of the time.
- Analyses and reports, as needed, to provide feedback to the MCOs regarding the quality of data transmitted.



*ATTACHMENT – A.1*

**ENCOUNTER DATA CERTIFICATION EMAIL  
SAMPLE**

---

TO: [Encounterdata@dshs.wa.gov](mailto:Encounterdata@dshs.wa.gov)

---

CC: [HEALTHYOPTIONS@dshs.wa.gov](mailto:HEALTHYOPTIONS@dshs.wa.gov)

---

SUBJECT: WA HRSA ED for CUP Q2-07 Medical

---

To the best of my knowledge I certify that the encounter data reported by [MCO Name] to the State of Washington is complete, accurate and truthful in accordance with 42 CFR 438.606 and the current Managed Care Contract in effect. I also certify that the claims cost information within the submitted encounter data is proprietary in nature and assert that it is protected from public disclosure under Revised Code of Washington 42.56.270(11).

The electronic data transaction files for [MCO Name] were uploaded to EDI Gateway on [DATE(s)]. There are a total of #, ###, ### Professional and ###, ### Institutional and ### Pharmacy encounter records. The files are listed below (or in an attached document):

The following file has been successfully Uploaded:	
File Name	CUP_WA837P_5000_20070731_1
File Size	8067586 (bytes)
Transmitter ID	80xxxxx
Date/Time	07/31/2007

The following file has been successfully Uploaded:	
File Name	CUP_WA837I_5000_20070331R1
File Size	8067586 (bytes)
Transmitter ID	80xxxxx
Date/Time	07/31/2007

---

*ATTACHMENT –A.2*  
**CERTIFICATION LETTER SAMPLE**

Office of Quality & Care Management  
Division of Health Services  
Health & Recovery Services Administration  
PO Box 45530  
Olympia, WA 98504-5530

RE: Certification of Proprietary Data in the Encounter Transaction Uploads

For: [Quarter #, 200#]

To the best of my knowledge I certify that the encounter data reported by [MCO Name] to the State of Washington is complete, accurate and truthful in accordance with 42 CFR 438.606 and the current Managed Care Contract in effect. I also certify that the claims cost information within the submitted encounter data is proprietary in nature and assert that it is protected from public disclosure under Revised Code of Washington 42.56.270(11).

The electronic data transaction files for [MCO Name] were uploaded to EDI Gateway on [DATE(s)]. There are a total of #, ###, ### Professional and ###, ### Institutional and ### Pharmacy encounter records. The files are listed below (or in an attached document):

Sincerely,

Signature

MCO – Authorized Signature (CEO, CFO or Authorized Designee)

Title

*ATTACHMENT –B.1*

## ENCOUNTER RESULTS TRANSACTION (ERT) LAYOUT

The following information is the Record Layout for the downloadable electronic layout/structure of the Encounter Results Transaction Report for use with the MCO's copy of the data transactions.

```
000010*
000020*****
000030
000040*
000050*   ENCOUNTER RESULTS TRANSACTION RECORD
000060*
000070*   THIS RESULTS FILE WILL BE RETURNED TO THE MCOS
000080*   INDICATING ANY ERRORS AND CONTAINS SUFFICIENT
000090*   INFORMATION FOR THE MCOS TO RE-TRANSMIT THE CORRECTED ENCOUNTER
000100*   CLAIMS. THE RESULTS FILE REPLACES MMIS EXCEPTION REPORTING.
000110
000120*****
000130*
000140   05 P1683041-PATIENT-ACCT-NUMBER
000150                               PIC X(38).
000160   05 P1683011-MEDICAL-RECORD-NUM
000170                               PIC X(30).
000180   05 P1683091-TRANS-CONTROL-NUM.
000190   10 P1683022-CLM-INPUT-MEDIUM-IND
000200                               PIC 9(1).
000210   10 P1683022-BATCH-DATE
000220                               PIC 9(5).
000230   10 P1683022-MICROFILM-MACHINE-NO
000240                               PIC 9(1).
000250   10 P1683022-MICROFILM-ROLL-NO
000260                               PIC 9(1).
000270   10 P1683022-BATCH-NUMBER
000280                               PIC 9(3).
000290   10 P1683022-DOCUMENT-NUMBER
000300                               PIC 9(4).
000310   10 P1683022-LINE-NUMBER
000320                               PIC 9(2).
000330   05 P1683091-ERT-FLAGS
000340               OCCURS 0250 TIMES
000350               INDEXED BY PX1683091-ERT-FLAGS.
000360   10 P1683042-LINE-ITEM-CODE
000370                               PIC 9(3).
000380   10 P1683012-FLAG
000390                               PIC X(01).
```



ATTACHMENT -B.2

1BWMN0600-R001  
AS OF 07/31/07

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAID MANAGEMENT INFORMATION SYSTEMS  
ENCOUNTER ERROR SUMMARY REPORT

PAGE 1  
RUN DATE 07/31/07

0

0PLAN: 00080xxxxx

0	ERROR	ACTION	DESCRIPTION	ERROR COUNT
0	4	REJECT	RECIPIENT NOT ON FILE	49
0	6	FLAG ONLY	PAY-TO PROVIDER ID INVALID OR MISSING	410
0	8	FLAG ONLY	RENDERING/ATTENDING PROVIDER ID INVALID OR MISSING	3,034
0	17	REJECT	PROCEDURE CODE NOT ON FILE	15
0	38	REJECT	REV CODE NOT ON PROV CHARGE FILE	1
0	47	FLAG ONLY	RECIP NOT ELIG FOR DATE OF SERVICE	1,227
0	48	FLAG ONLY	PROV NOT ACTIVE FOR DATE OF SVC	1
0	49	FLAG ONLY	RECIPIENT AGE INVALID FOR DIAG	53
0	50	FLAG ONLY	RECIPIENT SEX INVALID FOR DIAG	58
0	51	FLAG ONLY	RECIPIENT AGE INVALID FOR PROC	2,763
0	52	FLAG ONLY	RECIPIENT SEX INVALID FOR PROC	26
0	53	REJECT	PLACE OF SERVICE INVALID FOR PROC	340

-TOTAL COUNT FOR PLAN ID 00080xxxxx 282,558

-TOTAL ERT RECORDS READ: 282,558

- \*\*\* END OF REPORT \*\*\*

0

1SUMMARY R001  
AS OF 07/31/07

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 1  
RUN DATE 07/31/07

-	UNDUPLICATED	RECORDS	PROCESSED	
0	TRANSMITTER ID	PERCENT	PROF	INST DRUG
0	80xxxxx	100	239461	43097 0
-	DUPLICATE	RECORDS	DROPPED	
0	TRANSMITTER ID	PERCENT	PROF	INST DRUG
0	80xxxxx	100	15003	0 0

- \*\*\* END OF REPORT \*\*\*  
(SAMPLE 837 EESR)



ATTACHMENT -B.3

1BWMN0600-R001 WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES PAGE 1  
AS OF 08/09/07 MEDICAID MANAGEMENT INFORMATION SYSTEMS RUN DATE 08/09/07  
0 ENCOUNTER ERROR SUMMARY REPORT

0	ERROR	ACTION	DESCRIPTION	ERROR COUNT
0	4	REJECT	RECIPIENT NOT ON FILE	2
0	47	FLAG ONLY	RECIP NOT ELIG FOR DATE OF SERVICE	47
0	57	FLAG ONLY	NON-NEWBORN BIRTHDATE CORRECTED	192
-TOTAL COUNT FOR PLAN ID 0008021412			8,283	
-TOTAL ERT RECORDS READ:			8,283	
- *** END OF REPORT ***				

1SUMMARY REPORT WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES PAGE 1  
AS OF 08/09/07 MEDICAID MANAGEMENT INFORMATION SYSTEMS RUN DATE 08/09/07

-	UNDUPLICATED	RECORDS	PROCESSED
0	TRANSMITTER ID	PERCENT	PROF INST DRUG
0	80XXXXX	100	0 0 8283

-	DUPLICATE	RECORDS	DROPPED
0	TRANSMITTER ID	PERCENT	PROF INST DRUG

1BWMX500E-R001 WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES PAGE 1  
AS OF 08/09/07 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN DATE 08/09/07

0 POINT OF SALE ENCOUNTER CLAIMS SUMMARY  
-TRANSMITTER 80XXXXX  
0-- REGULAR CLAIMS --- -- CREDIT REQUESTS --- --- DROPPED CLAIMS --- --- TOTAL CLAIMS --- --- TOTAL CHARGES -  
--  
- 8,005 278 0 8,283 \$347,684.01

1BWMX5CRE-R001 WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES PAGE 1  
AS OF 08/09/07 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN DATE 08/09/07  
0 POINT OF SALE ENCOUNTER CLAIMS SUMMARY

-SUBMITTER 80XXXXX  
0-- HISTORY CLAIMS --- -- CREDIT REQUESTS --- --- CREDITS FOUND --- --- NO MATCH FOUND ---  
- 1,986,566 1,863 196 1,667  
- \*\*\* END OF REPORT \*\*\*

(SAMPLE NCPDP EESR)

ATTACHMENT C - DSHS/HRSA EDIT LIST

ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
1	FACILITY CODE IS INVALID FOR CLAIM TYPE	EDIT-FLG-ENC-TYPE	CLM-INPUT-FORM-IND (Encounter Type Indicator) <b>System Assigned</b>	Record Code is equal to '61'; and Facility Code is not equal to '11' or '13' <ul style="list-style-type: none"> <li>Record Code equals '60' set Claim Input Form Indicator to 'J'.</li> <li>Record Code equals '61' and Facility Code is equal to '11' set Claim Input Form Indicator to 'R'.</li> <li>Record Code equals '61' and Facility Code is equal to '13' set Claim Input Form Indicator to 'M'.</li> <li>Record Code equals '62' set Claim Input Form Indicator to 'D'.</li> </ul>
2	SUBMITTED RECIPIENT ID IS EQUAL TO SPACES	EDIT-FLG-PIC-1	ORIGINAL-RECIP-ID (PIC) Rejection Edit	PIC is equal to spaces.
3	SUBMITTED RECIPIENT ID IS EQUAL TO ZEROES	EDIT-FLG-PIC-2	Rejection Edit	PIC is equal to zeroes.
4	SUBMITTED RECIPIENT ID IS NOT ON ELIGIBILITY FILE	EDIT-FLG-PIC-3	Rejection Edit	PIC is not on Recipient Master File or PIC is invalid
5	RECIP DATE OF BIRTH EQUALS ZEROES	EDIT-FLG-DATE-BIRTH	RECIP-DATE-OF-BIRTH (Date of Birth) Rejection Edit	Date of Birth is equal to zeroes.
6	PAY-TO-PROV ID INVALID OR NOT ON FILE; (previously MCO Prov Number Invalid Or Not On File)	EDIT-FLG-PAY-TO-ID	PAY-TO-PROV-ID (Pay-To ID) Info Flag Only	Pay-to Provider is not numeric, or Pay-to Provider is equal to zeroes, or Pay-to Provider is equal to 8888888, or Pay-to g Provider is equal to 9999999; or Pay-to Provider is not found in MMIS Master File.
7	BILLING PROV/MCO ID INVALID OR MISSING	EDIT-FLG-PROV-NUM	PROV-NUMBER (Billing/MCO ID Medicaid Number) Rejection Edit	Billing/MCO ID is not numeric, or MCO ID is equal to zeroes, or MCO ID is equal to 8888888, or MCO ID is equal to 9999999; or MCO ID is not on Provider Master File, or MCO ID is invalid.
8	RENDERING/ATTENDING PROV ID INVALID OR MISSING	EDIT-FLG-PERF-NBR	PERF-PRESC-ATT-PROV (Rendering/Attending (Performing) or Prescribing Provider Medicaid Number) Info Flag Only	Rendering/Attending (Performing) Provider is not numeric, or Rendering/Attending (Performing) Provider is equal to zeroes, or Rendering/Attending (Performing) Provider is equal to 8888888, or Rendering/Attending (Performing) Provider is equal to 9999999; or Rendering/Attending (Performing) Provider is not found in MMIS Master File.

ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
9	ADMISSION DATE INVALID	EDIT-FLG-ADMIT-DATE	ADMISSION-DATE (Hospital Admission Date) Rejection Edit	Encounter Type Indicator is equal to 'R'; and Hospital Admission Date equal to zeros. EDI verifies date fields
10	PATIENT STATUS IS NOT VALID	EDIT-FLG-PATIENT-STATUS	PATIENT-STATUS (Patient Destination on Discharge) Rejection Edit	Encounter Type Indicator is equal to 'R'; and Patient Status is not equal to a value on the Patient Status valid values table (W031601)
11	FIRST DATE OF SERVICE IS INVALID	EDIT-FLG-FIRST-DATE-SVC-1	FIRST-DATE-OF-SVC (Date of Service) Rejection Edit	Date of Service is equal to zeros.
12	FIRST DATE OF SERVICE IS INVALID FOR AGE CALC	EDIT-FLG-FIRST-DATE-SVC-2	FIRST-DATE-OF-SVC (Date of Service) Info Flag Only	DSHS will provide criteria EDI verifies date fields
13	HOSPITAL DISCHARGE DATE IS INVALID	EDIT-FLG-LAST-DATE-SVC	LAST-DATE-OF-SVC (Hospital Discharge Date) Rejection Edit	Encounter Type Indicator is equal to an 'R' and Hospital Discharge Date is equal to zeroes. EDI verifies date fields
14	PLACE OF SERVICE IS NOT VALID	EDIT-FLG-PLACE-SVC2	PLACE-OF-SERVICE-2 (Place of Service) Rejection Edit	Record Code is '60' & Place of Service is not equal to a value on the Place of Service 2 valid values table (W085781).
15	OUTPATIENT HOSPITAL CLAIM REQUIRES PROC AND REVENUE CODE	EDIT-FLG-PROC-CODE1-1	PROC-CODE(1) (Primary Procedure Code) Rejection Edit	Encounter Type Indicator is equal to 'M'; and Primary Procedure Code is equal to spaces, or Primary Procedure Code is equal to zeroes, or Primary Procedure Code is equal to '88888', or Primary Procedure Code is equal to '99999', or Primary Procedure Code is equal to '-----' (all dashes); and Revenue Code is equal to spaces, or Revenue Code is equal to '8888', or Revenue Code is equal to '9999', or Revenue Code is equal to '----' (all dashes).
16	PRIMARY PROCEDURE CODE MISSING	EDIT-FLG-PROC-CODE1-2	Rejection Edit	Procedure code is equal to spaces, or Procedure Code is equal to zeroes, or Procedure Code is equal to '88888', or Procedure Code is equal to '99999', or Procedure Code is equal to '-----' (all dashes);
17	PROCEDURE CODE NOT FOUND ON PDD FILE	EDIT-FLG-PROC-CODE1-3	Rejection Edit	Procedure Code is not found on PDD File or Procedure Code is invalid.
18	1ST SURGICAL PROCEDURE CODE INVALID	EDIT-FLG-PROC-CODE1-4	Rejection Edit	Encounter Type Indicator is equal to 'R', or Encounter Type Indicator is equal to 'M' (Surgical Outpatient); and Primary Procedure Code is not found on PDD File or Primary Procedure Code is invalid.

ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
19	2ND SURGICAL PROCEDURE CODE INVALID	EDIT-FLG-PROC-CODE2	PROC-CODE(2) (Other ICD.9.CM Procedure Codes) Rejection Edit	Procedure Code 2 is not found on PDD file or Procedure Code 2 is invalid.
20	3RD SURGICAL PROCEDURE CODE INVALID	EDIT-FLG-PROC-CODE3	PROC-CODE(3) (Other ICD.9.CM Procedure Codes) Rejection Edit	Procedure Code 3 is not found on PDD file or Procedure Code 3 is invalid.
21	4TH SURGICAL PROCEDURE CODE INVALID	EDIT-FLG-PROC-CODE4	PROC-CODE(4) (Other ICD.9.CM Procedure Codes) Rejection Edit	Procedure Code 4 is not found on PDD file or Procedure Code 4 is invalid.
22	5TH SURGICAL PROCEDURE CODE INVALID	EDIT-FLG-PROC-CODE5	PROC-CODE(5) (Other ICD.9.CM Procedure Codes) Rejection Edit	Procedure Code 5 is not found on PDD file or Procedure Code 5 is invalid.
23	6TH SURGICAL PROCEDURE CODE INVALID	EDIT-FLG-PROC-CODE6	PROC-CODE(6) (Other ICD.9.CM Procedure Codes) Rejection Edit	Procedure Code 6 is not found on PDD file or Procedure Code 6 is invalid.
24	PROCEDURE CODE MODIFIER IS NOT VALID	EDIT-FLG-PROC-CODE-MOD	PROC-CODE-MODIFIER (Procedure Code Modifier) Rejection Edit	For Encounter Type Indicator J or M - Procedure Code Modifier is not equal to a value on the Proc Code Modifier valid values table (W040661).
25	MEDICAL DIAGNOSIS CODE MISSING	EDIT-FLG-MED-DIAG-CODE1-1	DIAG-CODE-ICD-9(1) (Principal Diagnosis Code) Rejection Edit	Encounter Type Indicator is equal to 'J'; and Service Line Diagnosis Code is equal to spaces, or Service Line Diagnosis Code is equal to zeros, or Service Line Diagnosis Code is equal to '8888888', or Service Line Diagnosis is equal to '9999999', or Service Line Diagnosis Code is equal to '-----' (all dashes).
26	MEDICAL DIAG CODE (1) NOT ON FILE	EDIT-FLG-MED-DIAG-CODE1-2	Rejection Edit	Service Line Diagnosis Code is not found on PDD file or Service Line Diagnosis Code is invalid.



ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
27	INSTITUTIONAL DIAGNOSIS CODE MISSING	EDIT-FLG-INST-DIAG-CODE1-1	Rejection Edit	Encounter Type Indicator is equal to 'M' or Encounter Type Indicator is equal to 'R'; and Principal Diagnosis Code is equal to spaces, or Principal Diagnosis Code is equal to zeros, or Principal Diagnosis Code is equal to '8888888', or Principal Diagnosis is equal to '9999999', or Principal Diagnosis Code is equal to '-----' (all dashes).
28	INSTITUTIONAL DIAG CODE (1) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE1-2	Rejection Edit	Principal Diagnosis Code is not found on PDD file or Principal Diagnosis Code is invalid.
29	MEDICAL DIAG CODE (2) NOT ON FILE	EDIT-FLG-MED-DIAG-CODE2	DIAG-CODE-ICD-9(2) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
30	INSTITUTIONAL DIAG CODE (2) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE2	Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
31	INSTITUTIONAL DIAG CODE (3) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE3	DIAG-CODE-ICD-9(3) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
32	INSTITUTIONAL DIAG CODE (4) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE4	DIAG-CODE-ICD-9(4) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
33	INSTITUTIONAL DIAG CODE (5) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE5	DIAG-CODE-ICD-9(5) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
34	INSTITUTIONAL DIAG CODE (6) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE6	DIAG-CODE-ICD-9(6) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
35	INSTITUTIONAL DIAG CODE (7) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE7	DIAG-CODE-ICD-9(7) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
36	INSTITUTIONAL DIAG CODE (8) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE8	DIAG-CODE-ICD-9(8) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.
37	INSTITUTIONAL DIAG CODE (9) NOT ON FILE	EDIT-FLG-INST-DIAG-CODE9	DIAG-CODE-ICD-9(9) (Other Diagnosis Codes) Rejection Edit	Other Diagnosis Code is not found on PDD file or Other Diagnosis Code is invalid.

ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
38	REVENUE CODE NOT FOUND ON PROV CHRG FILE	EDIT-FLG-REV-CODE	REVENUE-CODE (Revenue Code) Rejection Edit	Encounter Code Type is equal to 'M'; and Primary Procedure code is valid; and Revenue Code is not equal to spaces, and Revenue Code is not equal to zeroes, and Revenue Code is not equal to '8888', and Revenue Code is not equal to '9999'. Encounter Code Type is equal to 'R', or Encounter Code Type is equal to 'M' and Primary Procedure Code is valid; and Revenue Code is equal to spaces, or Revenue Code is equal to zeroes, or Revenue Code is equal to '8888', or Revenue Code is equal to '9999', or Revenue Code is equal to '----' (all dashes). Revenue Code is not found on Provider Charge file or Revenue Code is invalid.
39	PHARMACY DRUG CODE INVALID	EDIT-FLG-RX-DRUG-CODE	DRUG-CODE (National Drug Code - NDC ) Rejection Edit	Encounter Code Type is equal to 'D'; and Drug Code is non-numeric or Drug Code is equal to zeroes.
40	FLAG NOT USED			
41	UNIT OF SERVICE IS EQUAL TO ZEROES OR IS INVALID	EDIT-FLG-UNITS-SVC	UNITS-OF-SERVICE (Units of Service) Rejection Edit	Encounter Type Indicator is equal to 'J' or Encounter Type Indicator is equal to 'M' or Encounter Type Indicator is equal to 'R'; and Revenue Code is equal to 110 thru 210 or 420; and Units of Service equal zeroes. Encounter Type Indicator is equal to 'D'; and Units of Service is equal to zeroes or Units of Service is equal to 9999999. Units of Service are equal to zeroes.
42	FLAG NOT USED			
43	BABY WEIGHT NON-NUMERIC	EDIT-FLG-BABY-WEIGHT	BABY-WEIGHT (Newborn Birth Weight) Info Flag Only	Encounter Type Indicator is equal to 'R'; and Newborn Birth Weight is non-numeric.
44	PRESCRIPTION NUMBER MISSING OR INVALID	EDIT-FLG-PRESCRIP-NBR	PRESCRIPTION-NUMBER (Prescription Number) Info Flag Only	Encounter Type Indicator is equal to 'D' and Prescription Number is equal to spaces.
45	FLAG NOT USED			
46	FLAG NOT USED			

ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
47	RECIPIENT NOT ELIGIBLE FOR DATES OF SERVICE	EDIT-FLG-NOT-ELIG-DOS	FIRST-DATE-OF-SVC RECIP-ELIG-BEG-DATE RECIP-ELIG-END-DATE Info Flag Only	Encounter First Date of Service does not fall within Eligibility Dates on the Recipient Master File.
48	PROVIDER NOT ACTIVE FOR DATE OF SERVICE (SUMMARY ONLY)	EDIT-FLG-PERF-NOT-ACT	FIRST-DATE-OF-SVC PROV-ENROL-STAT-DATE (1) (Provider Status from Provider File) Info Flag Only	Performing Provider must be active in Medicaid and eligible as of the Encounter First Date of Service.
49	INVALID RECIPIENT AGE FOR DIAGNOSIS	EDIT-FLG-AGE-DIAG	RECIP-AGE (calculated) MINIMUM-AGE MAXIMUM-AGE (Minimum & Maximum age from Diagnosis Record) Rejection Edit	Recipient Age is not within the Recipient Age constraints on the Diagnosis Master Record.
50	INVALID RECIPIENT SEX FOR DIAGNOSIS	EDIT-FLG-SEX-DIAG	RECIP-SEX-CODE (Recipient Sex Code from Recipient File) VALID-SEX-INDIC (Valid Sex Indicator from Diagnosis Record) Rejection Edit	Recipient Sex Code on the Recipient Eligibility Master File is equal to zero; or Recipient Sex Code on the Recipient Eligibility Master File is not equal to spaces and Valid Sex Indicator on the Diagnosis Master Record is not equal to 'B'; and Valid Sex Indicator on the Diagnosis Master Record is not equal to 'M' and Recipient Sex Code on the Recipient Eligibility Master File is not equal to '1'; or Valid Sex Indicator on the Diagnosis Master Record is not equal to 'F' and Recipient Sex Code on the Recipient Eligibility Master File is not equal to '2'.
51	INVALID RECIPIENT AGE FOR PROCEDURE	EDIT-FLG-AGE-PROC	RECIP-AGE (calculated) MINIMUM-AGE MAXIMUM-AGE (Minimum & Maximum age from Procedure Record) Rejection Edit	Recipient Age is not within the Recipient Age constraints on the Procedure Master Record.

ERROR #	ERROR MESSAGE	ERROR FLAG	ACS FIELD NAME	EDIT CRITERIA
52	INVALID RECIPIENT SEX FOR PROCEDURE	EDIT-FLG-SEX-PROC	RECIP-SEX-CODE (Recipient Sex Code from Recipient File) VALID-SEX-INDIC (Valid Sex Indicator from Procedure Record) Rejection Edit	Recipient Sex Code on the Recipient Eligibility Master File is equal to zero; or Recipient Sex Code on the Recipient Eligibility Master File is not equal to spaces and Valid Sex Indicator on the Procedure Master Record is not equal to 'B'; and Valid Sex Indicator on the Procedure Master Record is not equal to 'M' and Recipient Sex Code on the Recipient Eligibility Master File is not equal to '1'; or Valid Sex Indicator on the Procedure Master Record is not equal to 'F' and Recipient Sex Code on the Recipient Eligibility Master File is not equal to '2'.
53	INVALID PLACE OF SERVICE FOR PROCEDURE	EDIT-FLG-PLACE-PROC	PLACE-OF-SERVICE (Place of Service from the Encounter Record) I-E-PLACE-OF-SVC-IND PLACE-OF-SERVICE (Place of Service Indicator and Place of Service from Procedure Record) Rejection Edit	The Inclusive/Exclusive Place of Service Indicator for the Procedure Code is equal to 'E' (Exclusive) and the Place of Service for the Procedure Code is equal to the Encounter Place of Service.
54	PATIENT CONTROL NUMBER INVALID	EDIT-FLG-PATIENT-ACCT-NBR	PATIENT-ACCT-NUM (Hospital Patient Control Number - PCN) Info Flag	Encounter Type Indicator is equal to 'R'; and PCN is equal to spaces, or PCN is equal to '88888888888888888888' or PCN is equal to '99999999999999999999' or PCN is equal to '-----' (all dashes).
55	RX DAYS SUPPLIED EXCEEDS 180, DATA ENTRY ERROR	EDIT-FLG-DAYS-SUPPL-1	DAYS-SUPPLIED (Prescription Days & Supply Rejection Edit	Days Supplied greater than 180.
56	DAYS SUPPLIED MISSING FOR DRUG ENCOUNTER	EDIT-FLG-DAYS-SUPPL-2		Days Supplied is equal to spaces, or Days Supplied is equal to zeroes, or Days Supplied is equal to '888', or Days Supplied is equal to '999'.
57	NON-NEWBORN MCO BIRTHDATE CORRECTED W/ELIG	EDIT-FLG-DOB-ELIG	RECIP-DATE-OF-BIRTH (Encounter Date of Birth & Date of Birth from Recipient File) Info Flag Only	Date of Birth is greater than zeroes, and Date of Birth is non-Newborn, and Date of Birth from the Recipient Eligibility Master file is not equal to Date of Birth from the Encounter File.

*ATTACHMENT D*

*D.1 - 837P MAPPING DOCUMENT*

*D.2 - 837I MAPPING DOCUMENT*

*D.3 - NCPDP RETAIL PHARMACY MAPPING DOCUMENT*

**REFER TO MAP DOCS EXCEL WORKBOOK OR PDF FILES**